Rebecca Messinger CC'd: Dr. Alan Melnick ; Doreen G.

From: MARGARET TWEET <tweetfamily@comcast.net>
Sent: Wednesday, June 2, 2021 8:13 AM
To: Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc: Senator Rivers; Lynda Wilson; Rep. Vick; Rep. Kraft; larry.hoff@leg.wa.gov; Rep. Ed Orcutt; Rebecca Messinger
Subject: Public Comment June, 2 2021 Adverse Events After vaccination,

Every Friday, the CDC updates data in the VAERS system. Childrens Health Defense reports these. I have never heard CCPH present any information to the Board of Health about these weekly updates. Instead, VAERS is repeatedly disparaged by the PH Director as irrelevant, including reports about falling off a ladder. It's highly relevant, as you are responsible to know the potential risks and benefits of the policies and practices of CCPH, such as holding vaccine clinics in schools offering investigational medical products that have not been approved or licensed by the FDA to minors thru seniors.
I have included the most relevant excerpts from the most recent article below. The link is provided for the full article, which covers vaccines not offered in Clark County.

COVID Vaccine Injury Reports Among 12- to 17-Year-Olds More Than Triple in 1 Week, VAERS Data Show • Children's Health Defense (childrenshealthdefense.org)
The number of reported adverse events following COVID vaccines continues to climb, according to data released today by the Centers for Disease Control and Prevention (CDC). The data comes directly from reports submitted to the Vaccine Adverse Event Reporting System (VAERS).

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Every Friday, VAERS makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Today's data show that between Dec. 14, 2020 and May 21, a total of 262,521total adverse events were reported to VAERS, including 4,406 deaths — an increase of 205 over the previous week — and 21,537 serious injuries, up 3,009 since last week.

This week's data showed 3,449 total adverse events, compared with 943 reports last week, among 12- to 17-year-olds. This week's data included 58 reports of serious adverse events in the 12- to -17-year-old age group.

In the U.S 281.6 million COVID vaccine doses had been administered as of May 21.
This includes 120 million doses of Moderna's vaccine, 152 million doses of Pfizer and 10 million doses of the Johnson & Johnson (J&J) COVID vaccine.

Of the 4,406 deaths reported as of May 21, 23% occurred within 48 hours of vaccination, 16% occurred within 24 hours and 38% occurred in people who became ill within 48 hours of being vaccinated.

This week's VAERS data show:

- 20% of deaths were related to cardiac disorders.
- 54% of those who died were male, 44% were female and the remaining death reports did not include gender of the deceased.
- The average age of death was 74.4 and the youngest deaths reported include two 15-year-olds (VAERS I.D. 1187918 and 1242573) and a 16-year-old (VAERS I.D. 1225942). There were other reported deaths in children under 16 that could not be confirmed or contained obvious errors.
- As of May 21, 1,641 pregnant women reported adverse events related to COVID vaccines, including 527 reports of miscarriage or premature birth.
- Of the 2,577 cases of Bell's Palsy reported, 52% were reported after Pfizer-BioNTech vaccinations, 41% following vaccination with the Moderna vaccine and 192 cases, or 9%, of Bell's Palsy cases were reported in conjunction with J&J.
- There were 238 reports of Guillain-Barré Syndrome with 43% of cases attributed to Pfizer, 38% to Moderna and 23% to J&J.
- There were 74,781 reports of anaphylaxis with 39% of cases attributed to Pfizer's vaccine, 50% to Moderna and 10% to J&J.
- There were 4,433 reports of blood clotting disorders. Of those, 1,842 reports were attributed to Pfizer, 1,359 reports to Moderna and 1,194 reports to J&J.

CDC investigating heart problems in teens, adolescents after COVID vaccine

On May 24, The Defender reported the CDC is investigating reports of teens and young adults vaccinated against COVID who experienced heart problems. The CDC's Advisory Committee on Immunization Practices released an advisory May 17 alerting doctors to reports of myocarditis, which seemed to occur predominantly in adolescents and young adults, more often in males than females, more often following the second dose and typically within four days after vaccination with Pfizer or Moderna vaccines. Most cases appeared to be "mild" and follow-up is ongoing.

The CDC said its monitoring systems had not found more cases of myocarditis than would be expected in the population, but members of the committee on vaccinations said healthcare providers should be made aware of the reports of the "potential adverse event."

Myocarditis is inflammation of the heart muscle that can lead to cardiac arrhythmia and death. According to the National Organization for Rare Disorders, myocarditis can result from infections, but "more commonly the myocarditis is a result of the body's immune reaction to the initial heart damage." Pericarditis is inflammation of the tissue surrounding the heart that can cause sharp chest pain and other symptoms.

As The Defender reported May 26, one week after the CDC announced it was investigating heart inflammation in recently vaccinated young adults, Connecticut reported 18 new cases of heart problems among teens who had received a COVID vaccine. All 18 cases resulted in hospitalization — the vast majority for a couple of days, while one individual remained hospitalized as of May 26.

White House press secretary Jen Psaki said during a press briefing Monday the Biden administration will continue to advise young people to get vaccinated, despite reported cases of myocarditis.

A search in VAERS revealed 419 cases of pericarditis and myocarditis, among all age, groups reported in the U.S following COVID vaccination between Dec.14, 2020 and May 21. Of the 288

cases reported, 247 cases were attributed to Pfizer, 151 cases to Moderna and 20 cases to J&J's COVID vaccine.

CHD Calls on FDA to Take COVID Vaccines Off the Market - Submit a Comment

Moderna to seek FDA authorization for 12- to 17-year-olds in early June

On May 25, Moderna announced its vaccine was found to be safe and 100% effective at protecting against COVID in a phase 3 trial of more than 3,700 participants between the ages of 12 and 17, Axios reported. No significant safety concerns were identified and side effects were generally consistent with those seen in an earlier trial of adults, the company said.

Moderna plans to seek expanded Emergency Use Authorization of its COVID vaccine for teens from the U.S. Food and Drug Administration next month. If approved, it would be the second vaccine available to young teens.

Number of kids hospitalized for COVID inflated by at least 40%

On May 26, The Defender reported that two papers published in the journal of Hospital Pediatrics found pediatric hospitalizations for COVID were overcounted by at least 40%, carrying potential implications for nationwide figures used to justify vaccinating children.

One study by researchers at the Stanford University School of Medicine found that counting SARS-CoV-2 infections in hospitalized children overestimated the impact of COVID in pediatric populations because the numbers included many asymptomatic patients.

Out of 117 hospital admissions, the authors concluded 53 patients (45%) were admitted for reasons unrelated to the virus. The study also found 39.3% (or 46 patients) coded as SARS-CoV-2 were actually asymptomatic.

In the second study, out of 146 records listing patients as positive for SARS-CoV-2 from May 1, 2020, to Sept. 30, 2020, the authors classified 58 patients (40%) as having "incidental" diagnosis — meaning there was no documentation of COVID symptoms prior to hospitalization.

The same study categorized 68 patients, or 47%, as "potentially symptomatic," which was defined as when "COVID-19 was not the primary reason for admission for these patients, and COVID-19 alone did not directly require hospitalization without the concomitant condition."

"Our goal is to make sure we have accurate data on how sick children are getting," said Dr. Alan Schroeder, a clinical professor of pediatric critical care and of pediatric hospital medicine. "If we rely on hospitals' positive SARS-CoV-2 test results, we are inflating by about twofold the actual risk of hospitalization from the disease in kids."

Belgium suspends J&J vaccine for people under age 41

On May 27, The Defender reported that Belgium announced it was suspending vaccinations with J&J's vaccine, for people under the age of 41, following the death of a woman from blood clots after she received the shot.

The EMA is reviewing the woman's death along with other reports of blood clots, with the Belgian and Slovenian medicines agencies, and has asked J&J to carry out a series of additional studies to help assess a possible link between the shot and rare blood clots.

Two-time Olympic archer Haziq Kamaruddin, died at the age of 27 on May 14, after collapsing at his home days after receiving Pfizer's COVID vaccine. Kamaruddin died of a blocked coronary artery, the Health Ministry said Saturday, adding there was no evidence of a link to the vaccine.

There are multiple reasons a coronary artery can become blocked, including by a blood clot, according to Yale Medicine.

As The Defender reported last month, all three vaccines authorized in the U.S., including Pfizer, can potentially cause blood clots.

81 days and counting, CDC ignores The Defender's inquiries

According to the CDC website, "the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated."

On March 8, The Defender contacted the CDC with a written list of questions about reported deaths and injuries related to COVID vaccines. On May 19, a CDC employee said our questions had been reviewed and our inquiry was pending in their system, but would not provide us with a copy of the response.

It has been 81 days since we sent our first email inquiring into VAERS data and reports.

cc'd: Dr. Alan Melnick
Doreen G.

Rebecca Messinger

From:	MARGARET TWEET <tweetfamily@comcast.net>
Sent:	Wednesday, June 2, 2021 8:23 AM
To:	Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc:	Senator Rivers; Lynda Wilson; Rep. Vick; Rep. Kraft; larry.hoff@leg.wa.gov; Rep. Ed Orcutt; Rebecca Messinger
Subject:	to Clark County Council- letter from PHD to UW President & Regents re EUA, risks that may be associated with vaccines, vaccine mandates

Open Letter from a PhD to UW President & Regents - Informed Choice Washington

Open Letter from a PhD to UW President & Regents

By ICWA / May 4, 2021
by Xavier A. Figueroa, Ph.D

To the President of the University of Washington, Members of the Board of Regents of the University of Washington,

I write today as an alumnus of the University of Washington, a doctoral-level graduate from the program in Neurobiology & Behavior, from the Department of Environmental Health & Toxicology in the School of Public Health.

The reason for my writing this letter is my concern over the recent decision by President Anne-Marie Cauce to require students to get one of the three experimental COVID19 therapies in order to enter campus. In her recent email to the UW community (Protecting our community's health by requiring students to be vaccinated, May 3, 2021) she outlines her plans for requiring students to take FDA non-cleared COVID19 therapies as a prerequisite for attendance.

I need to bring to the attention of the President and the Board of Regents several critical and potential material omissions to the statements in the email.

1. Your email stated: **"Widespread vaccination is the only real way we can put the COVID-19 pandemic behind us and return to a more normal way of living, learning and working."**

As a matter of public health policy and scientific rigor, vaccination is only one tool that can be used to stop the spread of a community infection, but the unrealistic goal of stopping an airborne virus runs counter to all published public health and scientific publications. Natural occurring immunity, the use of effective and proven interventions (HCQ, Ivermectin and Chlorine Dioxide interventions) and proven public health measures (stay home if you are sick, wash hand, cover coughs, etc...) are effective and proven ways to protect the community. We now have an new endemic coronavirus in

our virome and we need to treat it as such, not generate a long-march into the highly expensive and guaranteed-to-fail approach we are currently navigating.

2. Your email stated: **"Fortunately, vaccines are now readily available that have proven safe and highly effective, including through clinical trials in which our own faculty collaborated and during real-world experience."**

The statement of the COVID19 therapies being safe and highly effective is not a scientifically or legally defensible position, from a due diligence stand-point. The current roll-out of the Pfizer/Bio-N-Tech, ModeRNA and J&J therapies are only occurring due to an Emergency Use Authorization (EUA) implementation. The reality for all three COVID19 therapies is that they are part of a continuing Phase 2/3 clinical trial. Efficacy of preventing transmission has not been the goal of these trials, as stated in the Lancet and BMJ publications, but to determine the effectiveness in reducing symptoms and generate a preliminary safety profile. The ability to stop the spread or transmission of SARs-Cov-2 has not been proven or demonstrated. That is why the trials are scheduled to finish in 2023. Effectiveness had not been proven, only proxy measures of immunity (antibody-titers) have been produced.

Critical to correcting the statement by Dr. Cauce, the safety profile as reported by Pfizer/Bio-N-Tech, ModeRNA and J&J are preliminary and in question. Reports from public media, social media and other non-governmental sources are compiling a record that runs counter to the information that is being provided by the CDC, the Department of Health for WA state and the statements produced by the manufacturers of the COVID19 therapies. Recent reports at the Vaccine Adverse Events Reporting System (VAERS) (a CDC managed, passive reporting system) has shown that there is a 20X increase in death reports in the period directly after the EUA program for COVID19 shots. These are not small or insignificant numbers, as review of VAERS reporting has demonstrated that the deaths and adverse events (AEs) are 1%-10% of the estimated, true numbers. The true deaths and AEs are absolutely under-reported. The number of deaths, AEs and hospitalizations could be in the tens to hundreds of thousands due to the COVID19 therapies. When we look through the historical data for VAERS, vaccines that have been around for decades do show a steady state of deaths, adverse events and hospitalizations. In the first 6 months of the COVID19 EUA program, the deaths, AEs and hospitalizations are higher than all incidences of other vaccines on the market for the past 10-20 years.

The long-term consequences of these therapies have yet to be determined and critical animal tests that could have provided safety and toxicology insights have not been run. Is the requirement for an experimental therapy a reasonable imposition, when the SARs-Cov-2 infection fatality rate is now at 0.15% and falling? The survivability of this virus, when you have symptoms, is 99.97% for those 65 and younger. Is the UW ready to take on the legal, moral and financial responsibility for the lives affected by these COVID19 therapies? Is the Board of Regents willing to take on that responsibility?

3. Your email stated: **"In order to protect the health and safety of our students, faculty, academic personnel, staff and broader community, the University of Washington will require all students to be vaccinated against COVID-19."**

The imposed requirement of taking an experimental therapy runs counter to the spirit and letter of the law. Although the EUA program and the PreP ACT (PreP ACT https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures) provide liability protection for the manufacturers of these COVID19 therapies and the administrators of programs under the EUA, the issues surrounding the essential requirement under the Nuremberg Code and the

Helsinki Protocols, a well as Federal law for Informed Consent, make it a requirement to " *seek such consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence* ."

The Common Federal Policy for the Protection of Human Subjects ("Common Rule") [10 CFR 745] Sec 745.103(b)(3), none of these rights were revoked by any subsequent legislation, including [21 CFR 50.24], which allows the relaxation of requirements for informed consent during emergencies. In fact the Common Rule re-asserted safeguards both for informed consent, and for special protections against coercion: *§46.116 General requirements for informed consent.*

4. Your email stated: **"Before the start of autumn quarter, students will need to verify they have been vaccinated unless they are claiming a medical, religious or philosophical exemption. This is similar to our existing tri-campus immunization requirement. If students are unable to verify they are vaccinated because they can't get vaccinated where they currently live, the University will provide access to vaccinations upon arrival on campus. Early this summer, we will share how students can verify their COVID-19 vaccination or claim an exemption."**

The language of requirement and the lack of transparency as to the rights of students can only be viewed as coercive or exerting undue influence, in direct violation of Federal law and international agreements. The only remedy for this policy and language would be to explicitly state that these are experimental therapies that are not cleared for market by the FDA and students are not required to take them, but the University of Washington can only recommend that they be taken. Otherwise, the UW, the President of the UW and the Board of Regents could be found liable for not undertaking full due diligence in review of this requirement. The issue of Crimes Against Humanity for coercing or providing undue influence in medical testing of a drug or therapy are now being pursued by international legal scholars in Canada, the United States and Germany against those national governments.

I cannot state it more clearly: The COVID19 therapies or vaccines may be under EUA program approval, but they are not FDA cleared for market and are still undergoing clinical trials. The recent spike in COVID19 deaths in Washington state, after the roll out of the vaccine, suggests that some of those deaths could be due to vaccine related complications. This is only a working hypothesis, but the timing with the unprecedented spike in deaths should raise suspicion and warrant a re-assessment of the EUA program. Emerging data from Yale Epidemiologist Harvey Risch, MD, PhD (a past post-doctoral fellow from School of Public Health and Community Medicine, University of Washington (1983)) estimates that up to 40-60% of new COVID19 cases are from people that have been vaccinated (i.e. – breakthrough cases).

I have asked the Secretary of Health, Dr. Shah, to halt the EUA programs here in WA state, due to compelling evidence of injury and death brought about by these COVID19 therapies in the United States and to restrain the Land-Grant Universities from imposing a vaccination requirement with the experimental COVID19 therapies. I urge the President of the University of Washington and the Board of Regent to not require student to take these experimental therapies. A requirement for vaccination must come with a real-world assessment for the risk/benefit to the person being provided with the vaccine, as well as the respect for bodily autonomy and informed consent. This is policy driven by large gaps in information and policy devoid of solid evidence rarely turns out well.

Very Respectfully,

Xavier A. Figueroa, Ph.D

Graduating Class of 2003
Program in Neurobiology & Behavior
Department of Environmental Health and Toxicology
School of Public Health
University of Washington in Seattle

CC'd: Dr. Alan Melnick
Doreen G.

Rebecca Messinger

From:	MARGARET TWEET <tweetfamily@comcast.net>
Sent:	Wednesday, June 2, 2021 9:33 AM
To:	Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc:	Senator Rivers; Lynda Wilson; Rep. Vick; Rep. Kraft; larry.hoff@leg.wa.gov; Rep. Ed Orcutt; Rebecca Messinger
Subject:	Safety Claims by CCPH re EUA vaccines offered to residents 12 and up, Vaccine Breakthru update, Safe to inoculate those who have tested positive?

The Clark County Public Health Director has made repeated safety claims about EUA COVID vaccines at Public Health Meetings, and fails to duly inform of the risks, or the EUA status of the products. These safety claims are also made to news outlets, again without explanation of the EUA status of the medical products offered to minors. Clark County Councilors should follow the CCPH FB page to keep up to date on the vaccine promotions being made to the public.

Here is a recent post by a CCPH vaccinator posted on a comment I made about adverse events reported after COVID vaccination.
Lisa Stump

as a vaccinator, I encourage everyone to participate in the V-Safe program which gives the CDC immediate data regarding vaccine effects. The real data shows that vaccine adverse effects (not the usual side effects) are incredibly rare.
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CCPH stated on FB page they would give an update on Vaccine breakthrough cases last week, yet they didn't. What is the update? I didn't hear it at the Board of Health Meeting on May 26 either. These updates should be given at every meeting. Here is the state update.

At a Glance (data from January 17, 2021 - May 22, 2021)
• 1471 SARS-CoV-2 vaccine breakthrough cases have been identified in Washington State.
• Of the cases that have data available:
o 75% reported symptoms
o 9% were hospitalized
o 23 people died of COVID-related illness
SARS-CoV-2 Vaccine Breakthrough Surveillance and Case Information Resource (wa.gov)
****

Scientists Challenge Health Officials on Vaccinating People Who Already Had COVID • Children's Health Defense (childrenshealthdefense.org)
Scientists warn vaccinating people who already COVID could potentially cause harm, or even death.

Since the first COVID-19 vaccine received Emergency Use Authorization in the U.S., some physicians and scientists have challenged the recommendation by U.S. health agencies that people who have already had COVID and as a result acquired natural immunity still get the vaccine.

Some experts say the science to support vaccinating those primed with COVID doesn't exist and there's a potential risk of harm, including death, in vaccinating those who've already had the disease or were recently infected.

In December 2020, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices issued a report authored by 15 scientists that falsely claimed a Pfizer study proved the vaccine was highly effective or showed "Consistent high efficacy" for people who'd already had coronavirus — " SARS-CoV 2."

CHD Calls on FDA to Take COVID Vaccines Off the Market - Submit a Comment
Award-winning scientist and Congressman Thomas Massie (R-Ky.) called out the CDC when he found that vaccine studies showed no benefit to people who had coronavirus and that getting vaccinated didn't change their odds of getting reinfected.

The CDC claimed "the COVID vaccine would save your life or save you from suffering, even if you've already had the virus and recovered, which has not been demonstrated in either the Pfizer or Moderna trials," Massie said in an interview with Full Measure.

Massie contacted officials at the CDC about the misinformation. They acknowledged it was false, but instead of correcting it, tried to rephrase their mistake. Massie and other scientists said the new wording still wrongly implies vaccines work in people who previously had COVID.

"And instead of fixing it, they proposed repeating it and just phrasing their mistake differently. So, at that point, right now I consider it a lie. I think the CDC is lying about the efficacy of the vaccine based on the Pfizer trials, for those who have already had the coronavirus," Massie said.

The CDC recommends people get vaccinated even if they've already had COVID, as experts do not know how long "you are protected from getting sick again after recovering from COVID, and it is possible — although rare — that you could be infected with the virus that causes COVID again."

On Feb. 23, Francis Collins, director of the National Institutes of Health (NIH), published a blog post stating that people who've had COVID still needed the vaccine, while referencing a study that suggested they didn't.

Citing a pre-print published on medRxiv, Collins wrote that the immune response to the first vaccine dose in a person who's already had COVID is equal to, or in some cases better, than the response to the second dose in a person who hasn't had COVID. He said the "results raise the possibility that one dose might be enough for someone who's been infected with SARS-CoV-2 and already generated antibodies against the virus."

Yet, Collins made the case that people who have already had COVID would have a robust antibody response when later exposed to the virus — whether that's through natural exposure or via the spike protein from a COVID vaccine.

To better understand immune memory of SARS-CoV-2, researchers led by Drs. Daniela Weiskopf, Alessandro Sette and Shane Crotty from the La Jolla Institute for Immunology analyzed immune cells and antibodies from nearly 200 people who had been exposed to COVID and recovered.

The results, published in Science, showed the immune systems of more than 95% of people who recovered from COVID had durable memories of the virus up to eight months after infection. Previous

studies showed that natural infection induced a strong response, but this study showed that response lasted, Weiskoph said.

Another study in Nature assessed the lasting immunogenic effect of T-cell reactivity to SARS and SARS-2. Data showed that natural immunity was very robust — and likely more robust than any immunity derived from a vaccine.

Increased risk of vaccine injury in those with previous infection

On March 19, the U.S. Food and Drug Administration (FDA) issued an emergency authorization for a new test to detect COVID infections — one that stands apart from the hundreds already authorized, reported STAT.

Developed by Seattle-based Adaptive Biotechnologies in partnership with Microsoft, the new test, called T-Detect COVID, looks for signals of past infections in the body's adaptive immune system — specifically, the T cells that help the body remember what its viral enemies look like.

Adaptive's approach involves mapping antigens to their matching receptors on the surface of T cells, which would help scientists unlock information to help diagnose past COVID infections.

Dr. Dara Udo, urgent and immediate care physician at Westchester Medical Group, received the COVID vaccine a year after having the disease and had a very strong immune response very similar to what she experienced while having COVID.

In an opinion piece published by The Hill, Udo explained that infection from any organism, including COVID, activates several different arms of the immune system, some in more robust ways than others and that this underlying activation due to infection or exposure, combined with a vaccination, could lead to overstimulation of the immune response.

Udo thought this might explain the symptoms she had, as well as her frontline colleagues who had high rates of COVID antibodies (known as seroprevalence) prior to becoming vaccinated.

"For high-risk, vulnerable groups, emerging data suggest that seroprevalence of COVID-19 infection is likely higher than tested and reported. Therefore, a natural question arises of whether there may be a smarter way to administer the vaccines in high seroprevalent groups," Udo wrote.

Udo called for an intentional, well-planned approach to avoid eliciting adverse immune responses in those who had COVID and subsequently get vaccinated.

Udo suggested a person already "COVID-primed" may be better off with a one-dose rather than a two-dose vaccine, or that the vaccine administered should be dependent on whether the person already had COVID. For example, someone who is "COVID-naive" might do better with a vaccine like Pfizer or Moderna, while the COVID-primed might need a less robust immune response from the one-dose Johnson & Johnson vaccine.

In order to implement this protocol, rigorous, effective and efficient antibody prescreening tools to identify these individuals would be required, Udo said.

Dr. Hooman Noorchashm, an accomplished surgeon, patient safety advocate and staunch supporter of the new COVID vaccines, has written several letters to the FDA urging the agency to require pre-screening for SARS-CoV-2 viral proteins in order to reduce COVID vaccine injuries and deaths.

According to Noorchasm, it is scientifically established that once a person is naturally infected by a virus, antigens from that virus persist in the body for a long time after viral replication has stopped and clinical signs of infection have resolved. When a vaccine reactivates an immune response in a recently infected person, the tissues harboring the persisting viral antigen are targeted, inflamed and damaged by the immune response.

"In the case of SARS-CoV-2, we know that the virus naturally infects the heart, the inner lining of blood vessels, the lungs and the brain," explained Noorchasm. "So, these are likely to be some of the critical organs that will contain persistent viral antigens in the recently infected — and, following reactivation of the immune system by a vaccine, these tissues can be expected to be targeted and damaged."

Colleen Kelley is an associate professor of infectious diseases at Emory University School of Medicine and principal investigator for Moderna and Novavax phase 3 vaccine clinical trials in Atlanta. In an interview with Huffington Post, Kelley said there have been reported cases in which those who previously had the virus endured harsher side effects after they received their vaccines.

"Anecdotally, it does appear that people who may have had COVID-19 before their vaccine do tend to have those longer duration of symptoms," Kelley added. "But we're still gathering additional scientific data to really support this."

In a public submission to the FDA, J. Patrick Whelan M.D. Ph.D., expressed similar concern that COVID vaccines aimed at creating immunity against the SARS-CoV-2 spike protein could have the potential to cause microvascular injury to the brain, heart, liver and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs.

Based on several studies, Whelan said it appeared that the viral spike protein in the SARS-CoV02 vaccines is also one of the key agents causing damage to distant organs that may include the brain, heart, lung and kidney.

"Before any of these vaccines are approved for widespread use in humans, it is important to assess in vaccinated subjects the effects of vaccination on the heart," wrote Whelan. "As important as it is to quickly arrest the spread of the virus by immunizing the population, it would be vastly worse if hundreds of millions of people were to suffer long-lasting or even permanent damage to their brain or heart microvasculature as a result of failing to appreciate in the short-term an unintended effect of full-length spike protein-based vaccines on these other organs."

At the very minimum, Noorchasm said in a letter to FDA officials, "Pfizer and Moderna should "institute clear recommendations to clinicians that they delay immunization in any recently convalescent patients, as well as, any known symptomatic or asymptomatic carriers — and to actively screen as many patients with high cardiovascular risk as is reasonably possible, in order to detect the presence of SARS-CoV-2, prior to vaccinating them."

On March 19, 32-year-old Benjamin Goodman died after receiving Johnson & Johnson's experimental COVID vaccine. According to a Facebook post by his step-mother, Goodman knew his family's difficult history with vaccines but got vaccinated at a pop-up vaccine site at a local Walgreen's because people were pushing the travel pass.

Goodman felt ill, experienced a headache, woke up with a fever and chills at 1 a.m., went into cardiac arrest at 4 a.m. and was declared dead two hours later. Like many others, Goodman had not been tested to see if he had previously had COVID or was recently infected.

Noorchasm sent a third communication to the FDA warning that deaths like Goodman's could have been prevented, and that there will be more deaths unless people are screened before being vaccinated. As The Defender reported earlier this month, Noorchashm believes that a #ScreenB4Vaccine campaign could save millions from vaccine injuries.

"We are deploying this defensive weapon [the COVID vaccine] wildly indiscriminately in the midst of a pandemic outbreak, while many are 'the recently infected.' It is my professional opinion as an immunologist and physician that this indiscriminate vaccination is a clear and present danger to a subset of the already infected," Noorchasm told The Defender.

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

CC'd: Dr. Alan Melnick
Doreen G.

Rebecca Messinger

From:	MARGARET TWEET <tweetfamily@comcast.net>
Sent:	Wednesday, June 2, 2021 9:52 AM
To:	Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc:	Senator Rivers; Lynda Wilson; Rep. Vick; Rep. Kraft; larry.hoff@leg.wa.gov; Rep. Ed Orcutt; Rebecca Messinger
Subject:	What are the risks of the EUA products promoted and offered in clinics by Clark County?

Below are the links provided. Please Open and read them all.
Update on blood clots reported after J&J COVID vaccination. This is an OR woman
Woman Regrets Getting J&J Vaccine After Suffering Blood Clots, German Scientists Say They May Know What's Causing Clots • Children's Health Defense (childrenshealthdefense.org)

Oregon woman dies after getting J&J vaccine, state health officials say | KATU

A WA State Woman's Struggle with J&J COVID-19 Vaccine Injury - Informed Choice Washington

John Francis Foley: 21-year-old University of Cincinnati student dead 24 hours after Johnson & Johnson shot - The COVID Blog

At least 16 reports of heart problems after CV vaccination in WA state
Rantz: Healthy teen sent to ER after Pfizer vaccine, CDC investigates heart issues (mynorthwest.com)

18 Connecticut Teens Hospitalized for Heart Problems After COVID Vaccines, White House Says Young People Should Still Get the Shots • Children's Health Defense (childrenshealthdefense.org)

Are the risks of this product discussed in public health meetings? It should be paramount. Please, stop the clinics offering investigational EUA products to residents 12 and up. CCPH is holding another clinic today, more planned in the schools by CCPH

more serious adverse events after second dose.
Pfizer COVID Vaccine Trial Shows Alarming Evidence of Pathogenic Priming in Older Adults • Children's Health Defense (childrenshealthdefense.org)

Maddie Paralyzed In Pfizer Vaccine Clinical Trial As Pfizer Requests EUA Authorization (circleofmamas.com)

ACIP Approves Pfizer Vaccine for Adolescents 12-15 Despite Limited Safety Data (circleofmamas.com)

https://thecovidblog.com/2021/05/05/kamrynn-thomas-16-year-old-wisconsin-girl-dead-11-days-after-experimental-pfizer-mrna-shot/

Information submitted by Margaret Tweet, Clark County Resident

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Rebecca Messinger

From:	MARGARET TWEET <tweetfamily@comcast.net>
Sent:	Wednesday, June 2, 2021 10:03 AM
To:	Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc:	Senator Rivers; Lynda Wilson; Rep. Vick; Rep. Kraft; larry.hoff@leg.wa.gov; Rep. Ed Orcutt; Rebecca Messinger
Subject:	EUA products may NOT be mandated Conflicts of Interest in Clinical Trials

ICAN RECEIVES POSITIVE RESPONSE FROM EEOC REGARDING ITS GUIDANCE ON COVID-19 VACCINE MANDATES | ICAN - Informed Consent Action Network (icandecide.org)

"Subsequently, on May 12, 2021, ICAN received a response from the Office of Legal Counsel to the EEOC. The response letter makes clear that the EEOC's guidance only applies to specific labor law provisions and, importantly, that the guidance does not address other laws, such as the federal law related to EUAs which prohibits requiring an EUA product such as a COVID-19 vaccine. The EEOC's legal counsel even cites to the FDA's EUA page for additional information in that regard. The FDA page states that, "FDA must ensure that recipients of the vaccine under an EUA are informed… that they have the option to accept or refuse the vaccine." The FDA page cited by the EEOC also links to the EUAs themselves which, in turn, approved the prescribing information which makes clear that administration of a COVID-19 vaccine must remain the choice of the recipient. Hence, any interpretation of the EEOC's guidelines as the federal government condoning mandates of an EUA product is clearly misplaced."

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COVID-19 Vaccines: Clinical Trials: DSMB | ICAN - Informed Consent Action Network (icandecide.org)October 2020

The boards overseeing the COVID-19 vaccine clinical trials are supposed to be independent of pharmaceutical companies. ICAN's intensive investigation into these boards has revealed conflicts of interest with pharmaceutical companies that are shocking to the conscience. ICAN, through its attorneys, has therefore filed a formal demand to remove these individuals from these boards .

The boards overseeing the COVID-19 vaccine trials are known as Data and Safety Monitoring Boards (**DSMBs**). As explained by pro-vaccine bioethicist, Art Caplan, regarding these DSMBs: "They're very powerful. They're key guardians of science and safety and are as important if not more important than the FDA."

There are four potential COVID-19 vaccines that are currently in Phase III clinical trials in the United States. The clinical trials for three of these experimental vaccines – the ones to be sold by AstraZeneca, Moderna, and Johnson & Johnson – are being overseen by a DSMB created by the Dr. Fauci's National Institute of Allergy and Infectious Diseases (the **NIAID DSMB**). The clinical trial for Pfizer's experimental vaccine is being overseen by a different DSMB (the **Pfizer DSMB**).

The members of these DSMBs were selected in secret. They meet in secret. Their identities are supposed to remain a secret. This veil of secrecy has held with the exception of two members. The identity of the chairperson of the NIAID DSMB, Dr. Richard Whitley, was mistakenly revealed by his university in an announcement that has been scrubbed from its website. As for the Pfizer DSMB, made up of five individuals, one of its members, Dr. Kathryn Edwards, was apparently mistakenly revealed in a CBS article.

Selecting these individuals could only occur by turning a blind eye to their extremely troubling and blatant conflicts with pharmaceutical companies. For example, ICAN's investigation has revealed that one or both these two doctors have been, among other things, consultants for Gilead Science, AstraZeneca, GlaxoSmithKline, Merck, Sanofi, Sequirus, La Roche, Allergan, Moderna, and Novartis; advisors to Merck, Bionet, GSK, and Pfizer; paid speakers for Connaught, Lederle-Praxis, Wyeth Lederle, Glaxo, and Novartis; paid millions of dollars from these companies; and, on the tab of these companies, wined-and-dined to hundreds of meals and taken dozens of trips to exotic destinations. Meaning, they have had duties to these companies as consultants and advisors, have been personally financially supported by them, and have been their mouthpieces to the public.

Nonetheless, the American public is constantly assured by Dr. Fauci, Secretary Azar, and other public health officials that the DSMB members are independent of pharmaceutical companies. For example, Dr. Fauci recently told the public that: "[P]eople need to understand that **an independent body**, the Data and Safety Monitoring Board, is **beholden to no one**, not to the president, **not to the vaccine companies**, not to the FDA. Not to me."

Only those wearing blinders could give Dr. Whitley and Dr. Edwards the label "independent." To head the "independent" DSMB, Dr. Fauci could have selected from a sea of potential scientists, many of whom have never consulted for a pharmaceutical company, were never on a pharmaceutical company speakers' bureau, and have not had hundreds of meals and dozens of exotic trips paid for by pharmaceutical companies. Instead he chose Dr. Whitely as its head. Dr. Fauci makes a mockery of the term "independent" and calls into serious question his judgment and objectivity.

ICAN, through its attorneys, has therefore sent a demand letter to the Director of HHS, Director of NIAID, Director of the FDA's CBER, the White House Coronavirus Task Force, and POTUS. This letter lays out in detail: the conflicts of interest that Dr. Whitley and Dr. Edwards have with pharmaceutical companies; the litany of lies told by Dr. Fauci and other public health officials regarding the supposed independence of the DSMBs; and demands that they " **remove any member of the NIAID DSMB, including Dr. Whitley, who has ever been a consultant, has been on a speakers' bureau, or has had meals or travel paid for by any pharmaceutical company**."

You can read the full demand letter here . When we receive notice that these and any other conflicts individuals have been removed from the COVID-19 vaccine DSMBs, we will update this webpage.

Update: November 18, 2020 – Click here to read the response letter from the FDA to the foregoing concerns of serious conflicts. As you will see, it fails to address a single one of the serious conflicts detailed in ICAN's letter regarding the members on the DSMB for the COVID-19 vaccines. This response would make any reasonable person even more concerned about the process for licensing a COVID-19 vaccine.

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Submitted by Margaret Tweet, CC resident

Rebecca Messinger CC'd: Dr. Alan Melnick; Doreen G.

From: webmaster@clark.wa.gov on behalf of Clark County <webmaster@clark.wa.gov>
Sent: Tuesday, June 22, 2021 9:34 AM
To: publiccomment
Subject: Council Hearing Public Comment

Clark County

Submitted on Tue, 06/22/2021 - 9:33 AM

Name
Robert Runnells

Phone Number
3109911626

Email Address
brunnells@yahoo.com

Subject
Vaccine Informed Consent & WHO says not to vaccinate minors

Date of Hearing
Wed, 06/23/2021

Comment
Re: BoH Comments via Zoom on May 26th, revised and resubmitted 22-June due to W.H.O. recommendation to not vaccinate under 18 years.

Clark County Board of Health:
I'm extremely concerned about the informed consent and the lack of full disclosure of risks at covid-19 shot sites in the County, and with the rush to vaccinate unsusceptible children.
Supervax sites and pop-up sites, which I assume are being operated under the supervision or approval of the Department of Health, have been administering doses with consent forms that heavily downplay, if not downright hide, the risks of taking the shot. In fact, on the Safeway consent form at the Tower Mall site, the acknowledgement that a person is aware of the side effect risks is buried in the fine print as item number 5 of 9. This obfuscation is completely out of sequence as the form begs for the signature before a person can see the risk information. The Emergency Use form has only been provided when asked, when it should be at least included with the consent signature form.
It is also worth noting that buried in the fine print as item 7 is the acknowledgement that the person is the only one responsible if there are side effects. Not Safeway, not the Department of Health, not the manufacturer, not the

Government. No Liability!
So, in order to ensure informed consent is being provided to families of the youngest children now being told to participate in this experiment, many of us are currently in front of a school injection site where they're getting ready to inject 12-year-olds. We are concerned about this misplaced push to jab children who are 99.997% capable of safely recovering from an infection. Children are not at risk of serious disease from the coronavirus, nor at risk of transmitting it to others. So why is so much fear being directed at them? No risk to them, miniscule risk to others.
The DoH will say: On May 12, 2021, the United States Advisory Committee on Immunization Practices (ACIP) voted to recommend the Pfizer investigational Emergency Use Authorization (EUA) Pfizer shot to children ages 12 to 15.
And ACIP went further: They also voted to end restrictions around co-administration with other vaccines - even though there has not been a single clinical trial administering any of the shots with any other vaccine. Not a single clinical trial has been done administering the COVID-19 shots with any other vaccine. There is zero safety data.
Maybe this seems OK to you. You might be thinking they might as well recommend another shot to kids who are already getting 69 doses of 16 other vaccines in 52 shots.

Instead of blindly following the CDC to inject kids with an admittedly untested product, the Board of Health should direct the Clark County Department of Health to stop promoting shots for children this young. There's no rush for the kids. At the very least, each site should prominently post the information that the product has not been tested and that caution should be used if administered near the time of other childhood shots. Please do what's right and for God's sake, stop scaring our kids.
Just this week in June 2021, the WHO has come out to say not to vaccinate children under 18. "Children should not be vaccinated for the moment. There is not yet enough evidence on the use of vaccines against COVID-19 in children to make recommendations for children to be vaccinated against COVID-19. Children and adolescents tend to have milder disease compared to adults."
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice

Please help stop the overreach. Stand up and do what's right for children.

Sincerely,
Robert Runnells

If there are any questions or concerns regarding this email, please contact the Web Team.

Rebecca Messinger CC'd: Dr. Alan Melnick, Doreen G.

From: MARGARET TWEET <tweetfamily@comcast.net>
Sent: Wednesday, June 23, 2021 7:24 AM
To: Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc: Rebecca Messinger
Subject: To Clark County BOH public comments for June 23, 2021

Letter to the Editor regarding no parental consent for vaccine clinic at Ridgefield High on May 26 . Ridgefield High school invited students from Prairie and Columbia River High Schools to the May 26 CCCPH vaccine clinic.
Letter: 'School excludes parents, why?' – ClarkCountyToday.com
Sally Snyder
Vancouver

For 13 years I've been involved in an amazing school district at Vancouver Public Schools, serving on PTA for elementary and middle school and volunteering in my children's classrooms. It saddens me the level of deceit, lack of transparency, and no communication to parents regarding what happened around a school vaccine clinic and a vaccine webinar.

For adults to get vaccinated or not is a personal decision. I respect those who choose to get vaccinated and those that don't. I'm not an anti-vaxxer. My children have their childhood vaccinations, but when it comes to an FDA emergency use COVID-19 vaccine, and vaccinating kids at a clinic where school staff actively promoted it behind parents' backs, it stoops to a whole new level of deceit.

Parents were completely left out of the conversation, while emails were being sent out only to students around a school vaccine webinar and a COVID-19 vaccine clinic. VPS administrators and teachers at Columbia River High School chose to send these emails out only to students for weeks, from May 6 to May 24.

These emails sent out to students asked students to fill out an anonymous form, reach out with questions or concerns to teachers/staff, contact the Clark County Public Health Department and message us on Instagram. Why no mention in these emails, Q&A form and flyer, for the kids to ask questions to their parents? Why was an email about a vaccine webinar sent to school staff, then forwarded by a teacher to an undisclosed list of recipients, which included students? Why did the VPS School Board wait four days after the Ridgefield High School vaccine clinic was over to admit they had received parent emails regarding concerns over parents not being included in notifications?

It sure feels like an infringement on parents' rights when parents are excluded from such important information. Why did VPS school administration email COVID-19 vaccine clinic sign-up information out to ALL students and ALL faculty at Columbia River High School two times before the scheduled vaccine clinic on May 26 and NEVER included parents? Why did school administrators only email the vaccine clinic information out to Columbia River parents AFTER the district school bus left Columbia River and AFTER the vaccine clinic at Ridgefield High School had started?

Public records requests revealed they were aware of this vaccine clinic on May 12. Since parent consent was needed to attend the vaccine clinic, why weren't parents included in all these emails? Even after multiple public records requests it's still unknown who paid for the district school buses to transport kids from Columbia River to Ridgefield High School for the vaccine clinic and back. Was it tax payers?

Public records requests showed three kids were transported from Columbia River to Ridgefield for the vaccine clinic. All this hiding info behind parents' backs to improve access to the vaccine?

Parents please look inside the walls of your school. Please check to see what information your school administrators and teachers are emailing directly into your children's school email inbox. Demand that your school always includes parents in the conversation. These are our children!

Start attending your school board meetings and hold them accountable for setting communication standards and following it themselves. Otherwise we parents ask ourselves, what else are the schools hiding behind parents' backs?

A very disappointed parent.

Sally Snyder
Vancouver

Rebecca Messinger cc'd: Dr. Alan Melnick; Doreen G.

From: MARGARET TWEET <tweetfamily@comcast.net>
Sent: Wednesday, June 23, 2021 8:10 AM
To: Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc: Rebecca Messinger
Subject: public comments for June 23, 2021 BOH meeting, I would like to speak comments also
Attachments: chd-notice-for-eua-vaccines-6.4.21.pdf

Latest CDC VAERS Data for 12- to 17-Year-Olds Include 7 Deaths, 271 Serious Adverse Events Following COVID Vaccines • Children's Health Defense (childrenshealthdefense.org)
Excerpts
This week's number of reported adverse events among all age groups following COVID vaccines surpassed 350,000, according to data released today by the Centers for Disease Control and Prevention (CDC). The data comes directly from reports submitted to the Vaccine Adverse Event Reporting System (VAERS).

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed. Every Friday, VAERS makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date.

Data released today show that between Dec. 14, 2020 and June 11, 2021, a total of 358,379 total adverse events were reported to VAERS, including 5,993 deaths — an increase of 105 deaths over the previous week. There were 29,871 serious injury reports, up 1,430 compared with last week.

Of the 5,993 deaths reported as of June 11, 23% occurred within 48 hours of vaccination, 16% occurred within 24 hours and 38% occurred in people who became ill within 48 hours of being vaccinated.

In the U.S., 306.5 million COVID vaccine doses had been administered as of June 11. This includes 128 million doses of Moderna's vaccine, 167 million doses of Pfizer and 11 million doses of the Johnson & Johnson (J&J) COVID vaccine.

This week's data, from Dec. 14, 2020 to June 11, 2021, for 12- to 17-year-olds show:

- 6,332 total adverse events, including 271 rated as serious and seven reported deaths among 12- to 17-year-olds.

The most recent reported deaths include a 15-year-old male (VAERS I.D. 1383620) who reportedly died one day after receiving his second Pfizer dose, a 15-year-old male (VAERS I.D. 1382906) who received Pfizer and a 16-year-old male (VAERS I.D. 1386841) who reportedly suffered a hemorrhage and died four days after receiving a Pfizer vaccine. An autopsy is pending.

Other deaths include two 15-year-olds (VAERS I.D. 1187918 and 1242573), a 16-year-old (VAERS I.D. 1225942) and one 17-year-old (VAERS I.D. 1199455).

- 974 reports of anaphylaxis among 12- to17-year-olds with 98% of cases attributed to Pfizer's vaccine, 1.4% to Moderna and 0.2% (or two cases) to J&J.
- 109 reports of myocarditis and pericarditis (heart inflammation) with 108 attributed to Pfizer's COVID vaccine.
- 24 reports of blood clotting disorders, all attributed to Pfizer.

This week's total VAERS data, from Dec. 14, 2020 to June 11, 2021, for all age groups show:

- 358,379 total adverse events, including 29,871 serious injuries and 5,993 reported deaths
- 21% of deaths were related to cardiac disorders.
- 51% of those who died were male, 45% were female and the remaining death reports did not include gender of the deceased.
- The average age of death was 74.4.
- As of June 11, 2,136 pregnant women reported adverse events related to COVID vaccines, including 707 reports of miscarriage or premature birth.
- Of the 3,516 cases of Bell's Palsy reported, 54% were reported after Pfizer vaccinations, 42% following vaccination with the Moderna vaccine and 267 cases, or 8%, of Bell's Palsy cases were reported in conjunction with J&J.
- 332 reports of Guillain-Barré Syndrome, with 45% of cases attributed to Pfizer, 40% to Moderna and 21% to J&J.
- 100,736 reports of anaphylaxis with 42% of cases attributed to Pfizer's vaccine, 50% to Moderna and 8% to J&J.
- 6,352 reports of blood clotting disorders. Of those, 2,705 reports were attributed to Pfizer, 2,197 reports to Moderna and 1,408 reports to J&J.

The CDC's Advisory Committee on Immunization Practices (ACIP) planned to hold an emergency meeting today to discuss the benefit-risk of COVID mRNA vaccines in adolescents and young adults. The agency rescheduled the meeting late Thursday, after Congress officially established Juneteenth National Independence Day (observed today) as a federal holiday.

The meeting will now be held during a regularly scheduled ACIP meeting on June 23 – 25.

The emergency meeting was announced last week after the CDC acknowledged a higher-than-expected number of reports of heart inflammation in young people after they received a Pfizer or Moderna vaccine.

The CDC on June 10 said it was aware of a total of 475 cases of myocarditis or pericarditis in patients 30 and younger. The disclosure was made during a U.S. Food and Drug Administration (FDA) hearing to consider what data the agency would need in order to extend Emergency Use Authorization of COVID vaccines for children under 12.

CDC data showed 196 reports of myocarditis and pericarditis among 18- to 24-year-olds through May 31, compared with an expected rate of between eight and 83 cases. Among 16- to 17-year-olds, 79 cases of myocarditis and pericarditis were reported through May 31. The expected rate among people in this age group is between two and 19 cases.

A search of the latest available data in VAERS revealed 1,117 cases of myocarditis and pericarditis, among all age groups reported in the U.S following COVID vaccination between Dec.14, 2020 and June 11, 2021. Of the 1,117 cases reported, 686 cases were attributed to Pfizer, 391 cases to Moderna and 36 cases to J&J's COVID vaccine.

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https://childrenshealthdefense.org/defender/isaiah-harris-teen-heart-attack-pfizer-covid-vaccine/ **Exclusive: Teen Who Had Heart Attack After Pfizer Vaccine: 'I'd Rather Have COVID'**

In an interview with The Defender, 18-year-old Isaiah Harris and his father described how Isaiah had to be hospitalized within 48 hours of his second dose of the Pfizer vaccine and subsequently had a heart attack.

An 18-year-old from Springdale, Arkansas, who had a heart attack after receiving his second dose of Pfizer's COVID vaccine said he'd rather get COVID than have a heart attack.

In an interview with The Defender, Isaiah Harris said he received his first dose of Pfizer on April 8 and second dose on April 30. Within 12 hours of the second dose, the teen developed a fever and chills. His father, Justin Harris, initially didn't think much about it because he got sick after both doses of the Moderna vaccine, although his symptoms weren't serious.

That wasn't the case for Isaiah. Within 48 hours of the second dose, Isaiah's heart started hurting "very very bad" and things started going downhill fast. Harris said they grew really concerned when their son started having trouble breathing.

"We took him to the hospital but they didn't take him seriously," Harris said. "We waited in the waiting room for over two hours and then they left him in a hallway for six hours. Things went from bad to worse while waiting in the hospital. That's when he had his heart attack and one of his lungs filled up with fluid."

Harris said it wasn't until his wife — who was the only one allowed with Isaiah in the hallway due to COVID restrictions — told the staff multiple times her son was having a heart attack that they put him in a room and ran the EKG.

Isaiah's EKG was abnormal and his numbers kept getting worse. At one point, 80% of Isaiah's heart was inflamed and only 40% was functioning. Isaiah's troponin levels were so high doctors said he had suffered a heart attack.

"Doctors kept denying it was the vaccine," Harris said. "They didn't want to say it was that. Then a nurse brought in a study showing the vaccine could cause myocarditis."

Myocarditis is inflammation of the heart muscle that can lead to cardiac arrhythmia and death. According to researchers at the National Organization for Rare Disorders, myocarditis can result from infections, but "more commonly the myocarditis is a result of the body's immune reaction to the initial heart damage."

Isaiah was hospitalized for four days for " acute myocarditis," Harris said. "Doctors were saying six months of total bed rest with medications to numb his heart. That's when I got a hold of the surgeon general of Arkansas and he gave us the link to VAERS because the hospital didn't do anything."

VAERS is the Centers for Disease Control and Prevention's Vaccine Adverse Reaction Reporting System.

Harris said he is bothered that the CDC is "passing this off" and "isn't doing thorough research into this."

Facing long recovery, Isaiah regrets getting the vaccine

Isaiah had a best friend with connections at the Cleveland Clinic who got him an appointment with Dr. Allan Klein, a heart specialist and director of the pericardial center at the Cleveland Clinic.

"The doctor at Cleveland is doing research on myocarditis. He's seen 100 patients personally with myocarditis from the vaccine, and did early research on this when there were just 77 cases," Harris said.

Isaiah, who graduated from community college as a senior in high school, said his condition right now is better than it was but he's still in a little bit of pain.

"The swelling has gone down," Isaiah said. "I used to lift every day but for three to six months I cannot do any physical activity. The most I can do is walk my dog. If I get my heart rate up, it can reoccur and I could have another heart attack."

Isaiah said he had no pre-existing conditions prior to suffering a heart attack. "I was fairly healthy. I lift quite a bit. I'm active. I used to play football. No history of viruses or myocarditis."

When asked if he would recommend the vaccine to other teens, Isaiah said, "I am not anti-vaccine, but I do not think anyone should get this vaccine. Even in Canada I was talking to someone and it was being lowered to one dose for teens and they're still having issues."

Isaiah's father said:

"I'll be honest with you. I used to think anti-vaxxers were different and my wife had already decided she wasn't going to get the vaccine. For my other two boys, it was an option for them, but they opted out. Isaiah decided because he's more social to get the vaccine and now I'm totally against it. The doctors said Isaiah cannot get the booster and vaccines are out for him."

Harris said he's totally against the vaccine, even though he got the Moderna shot, because the vaccines are causing myocarditis in older people, too. It's just too dangerous and there aren't enough studies, he said.

"Isaiah would have been better off to have COVID and be healthy than have a possible life-long issue with his heart, and now another possible heart attack if he over extends himself in the next three to six months," Harris said.

"To look at Isaiah on the outside, he looks normal, but once you look at his numbers and the heart scans, it shows the inflammation — it shows a true case of myocarditis," Harris said.

Harris said he thought he was doing the right thing and has an overwhelming feeling of guilt.

He said:

"I think you know, I feel as a parent — there were two sides of it. My wife didn't want him to get vaccinated and as a dad, I wanted him to because Isaiah is very outgoing and he's getting ready to enter pharmaceutical school at UAMS and I wanted him to be safe.

"Hearing the government push it — no matter if it was a republican or democrat president — this is what you need to do. I had hesitation but I did okay with Moderna. But I have an overwhelming guilt that I set up the appointment for Isaiah and encouraged him to go get it, even though he made his

own choice. I helped him get the vaccine. I think as parents, maybe we need to step back and help educate ourselves and others. That's why we finally shared his story — to educate people."

Isaiah said, "I believe President Biden said in a recent statement that if you aren't vaccinated, you'll end up paying the price or you'll have to wear a mask, but I'd rather have COVID than a heart attack."

According to the latest data from VAERS, there have been 1,117 cases of myocarditis and pericarditis (heart inflammation) in all age groups reported in the U.S. following COVID vaccination between Dec.14, 2020 and June 11, 2021. Of the 1,117 cases reported, 686 cases were attributed to Pfizer, 391 cases to Moderna and 36 cases to Johnson & Johnson's COVID vaccine.

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Exclusive: Athlete Who Recovered From COVID Facing 'Very Different Future' After Second Dose of Pfizer Vaccine Triggers Myocarditis • Children's Health Defense (childrenshealthdefense.org)

Greyson Follmer, an Ohio State University (OSU) student, was an elite athlete and member of the university's chapter of the Reserve Officers' Training Corps (ROTC).

But, according to his mother, the 19-year-old from Ohio is looking at a very different future now, after he developed severe heart complications following his second dose of Pfizer's COVID vaccine.

In an exclusive interview with The Defender, Marie Follmer said nobody warned her about the potential for increased risks of COVID vaccine-related adverse events for people like her son, who already had COVID and had acquired natural immunity.

Greyson has played sports since he was 4 years old. He was an athlete who played in the state soccer championship in high school and then went on to OSU and started college during the COVID pandemic. He also joined ROTC his freshman year and was very active — running several miles every day with heavy packs on his back.

Greyson was perfectly healthy and had no underlying conditions except for asthma — which didn't affect his athletic abilities — and food allergies.

Like most students early on in the year, Greyson and his friends got COVID. Though most had no symptoms, Greyson experienced mild flu symptoms — though they were nothing like his post-vaccine symptoms, Follmer explained.

The university required students who had COVID to quarantine. It also required them to get a heart MRI before they could return to school. Follmer thought that was strange, but she made sure her son got one.

When the cardiac MRI came back it showed Greyson's heart was enlarged with slight inflammation. The cardiologist thought it could be related to being an elite athlete, and signed a release for Greyson to return to school.

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When the cardiac MRI came back it showed Greyson's heart was enlarged with slight inflammation. The cardiologist thought it could be related to being an elite athlete, and signed a release for Greyson to return to school.

"He wasn't 100%, but he was recovering. He was able to go skiing, return to ROTC and went on spring break," Follmer said.

Follmer and her husband got vaccinated first with Moderna. When a friend of Follmer secured appointments for the kids to be vaccinated, she drove to OSU, picked up Greyson and told him he was going to get vaccinated.

Greyson received his first dose of Pfizer on April 16, and a second dose on May 7. After the first dose Greyson experienced minor symptoms, but his mother didn't connect them to the COVID vaccine.

It was after his second dose that things really changed, Follmer said. Greyson experienced significant symptoms shortly after his second dose. Three times he was taken to Nationwide Children's Emergency Hospital.

"My son feels like he's having a heart attack 24/7," Follmer said. "He now has high blood pressure, severe chest pains, back pain, elevated kidney levels, hypothyroidism, inflamed lymph nodes in different areas of his body, and he can't work or exercise."

Follmer said Greyson feels like he's dying and has to sleep all the time. He likely won't be able to go back to ROTC and doesn't know if he will be able to return to school in August. Greyson experienced broken feet from soccer and said nothing compares to the chest pain he feels now.

"A perfectly healthy kid has gone downhill," his mom said.

Doctors initially attributed the heart problems Greyson experienced in May, after the vaccine, to the COVID he had in September 2020. Believing he was a "long-hauler," they referred her son to the Ohio COVID Clinic.

According to the Harvard Gazette, "COVID long-haulers" is a term used to describe those who continue to feel symptoms of COVID long after the expected recovery time. Patients tend to be younger, and in some cases, initially experienced only mild symptoms.

On June 15, Greyson was taken by emergency medicine services to Ohio Health. Follmer said she knew her son's symptoms were connected to the Pfizer vaccine, but nobody knew how to help him.

Greyson has seen numerous doctors and specialists. His family has spent more than $12,000 in one month. Lab work is covered by insurance but his other treatments are not. Greyson is doing stem cell treatments, taking Ivermectin and numerous supplements to support his condition.

Doctors project it will take him two years to fully recover, though there's no research or information on how to treat myocarditis brought on by a COVID vaccine.

In the meantime, Greyson can't mow the grass, work or go to school. He walks around holding his chest and is in counseling to cope with the effects this has had on his life, his mother said.

Follmer said she's not an anti-vaccine person, especially because she has a young daughter who could get sick. None of her children had ever had reactions to vaccines.

Follmer's 11-year-old daughter is immunocompromised. Even though all of her children had been exposed to COVID, she thought she was protecting her daughter by having her son vaccinated.

Follmer explained:

"I think what's frustrating to me right now is that nobody told me that if you have an enlarged heart or heart inflammation, don't get the shot. Not one person ever told us this. I never would have thought in a million years my kid would get sick.

"I was ready to give my daughter the vaccine — she is going to be 12 in August and has one lung and a reconstructive airway. There is no way on this planet I would give her the vaccine now. Greyson's twin brother will also not be getting the vaccine after seeing what his brother has gone through."

Follmer said no one told her about reporting her son's adverse reaction to the Centers for Disease Control and Prevention's (CDC) Vaccine Adverse Events Reporting System (VAERS). "If I hadn't put it on Facebook and someone hadn't told me to put it in VAERS, I would have never known to do it."

Follmer said she has since reported her son's adverse reaction to VAERS (ID1395886), but no one has followed up on her son's case nor has the report been added to the system. She also tried calling the CDC to see if someone there could help them.

"I just want him better. That's the bottom line," Follmer said. I just want everyone to know — don't be naive like I was and think that this can't happen to your kids."

Cardiothoracic surgeon warns against vaccinating people who've already had COVID

Dr. Hooman Noorchashm, a surgeon, immunologist and patient safety advocate, wrote several letters to the U.S. Food and Drug Administration (FDA) shortly after the agency granted Pfizer and Moderna Emergency Use Authorization for their COVID vaccines.

In his letters, Noorchashm urged the FDA to require pre-screening for SARS-CoV-2 viral proteins in order to reduce COVID vaccine injuries and deaths.

Noorchashm also called on Pfizer and Modern to institute "clear recommendations to clinicians that they delay immunization in anyone recently recovering from COVID, as well as any known symptomatic or asymptomatic carriers — and to actively screen as many patients with high cardiovascular risk as is reasonably possible, in order to detect the presence of SARS-CoV-2, prior to vaccinating them."

According to Noorchashm, it is scientifically established that once a person is naturally infected by a virus, antigens from that virus persist in the body for a long time after viral replication has stopped and clinical signs of infection have resolved.

When a vaccine reactivates an immune response in a recently infected person, the tissues harboring the persisting viral antigen are targeted, inflamed and damaged by the immune response.

"In the case of SARS-CoV-2, we know the virus naturally infects the heart, the inner lining of blood vessels, the lungs and the brain," explained Noorchashm. "So these are likely to be some of the critical organs that will contain persistent viral antigens in the recently infected. Following reactivation of the immune system by a vaccine, these tissues can be expected to be targeted and damaged."

In an interview with The Defender, Noorchashm said Greyson's case reminded him of Everest Romney — the all-American basketball player who was hospitalized after his second dose of Pfizer for blood clots in his brain.
According to Noorchasm, both Romney and Greyson had acquired natural immunity because they'd been infected with COVID, and they likely did not stand to gain any benefit from a COVID vaccine.

Noorchashm explained:

"It's a colossal error to vaccinate people who have had prior infections, and this is totally avoidable harm we are causing. Why are we rushing to vaccinate people who we know are immune and don't stand to gain any benefit? If I do anything medically unnecessary to someone as a doctor, I'm opening them up to potential harm. If you've had a recent infection and you have viral antigens in your tissues, you can literally and immunologically cause tissue damage."

Medical necessity is on the ground floor of everything doctors do in regards to safety, Noorchasm said. "If you want to be a safe hospital, doctor, practitioner or health agency you would not do anything that's not necessary to people or fundamentally not beneficial. There's only a probability of harm if there's no medical necessity," he said.

When asked specifically about myocarditis, Noorchashm said this is the original prediction and prognostication he made to the FDA.

Noorchashm said:

"We know that natural SARS CoV-2 virus can affect the heart. It can cause blood clots that can lead to heart attacks and strokes and myocarditis. The virus can trigger an immune response or

inflammation to the heart. Anywhere the virus goes the immune system will target that tissue and cause problems. If you've had a prior infection and you have antigens in the tissues where the virus goes, like the heart, and you activate the immune response [with a vaccine], you're going to activate damage."

Noorchashm, who is pro-vaccine, said shots need to be spread out for people who are not immune and want to be vaccinated, and the FDA and CDC should think carefully about limiting the shot to one dose, especially in young people, or increasing the duration between first and second doses.

In his letter to the FDA, Noorchashm recommended actively screening as many patients with high cardiovascular risk as is reasonably possible, in order to detect the presence of SARS-CoV-2, prior to vaccinating them.

"If someone has a known history of COVID, there should not be any rush to get them vaccinated," Noorchashm said. "That should be our national policy. If you've either had COVID, or you have laboratory evidence of immunity, you shouldn't rush into getting vaccinated."
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Jacob Clynick: 13-year-old Michigan boy develops myocarditis, dead three days after second experimental Pfizer mRNA shot - The COVID Blog
WISCONSIN — A 13-year-old boy who loved Pokémon and playing video games is dead in yet another tragic, unnecessary death.

Young Jacob Clynick received his first experimental Pfizer mRNA injection on May 23. He received the second injection on June 13. His aunt, Tami Burages, posted a photo of Jacob's vaccine card on Twitter. Jacob died just three days after the second injection.
Ms. Burages said her nephew died from an "enlarged heart." That is called myocarditis, which has now killed god-knows-how-many teenagers after receiving the experimental mRNA shots.
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. **Boards overseeing the COVID-19 vaccine clinical trials are supposed to be independent of pharmaceutical companies, yet** an ICAN investigation **reveals shocking conflicts of interest.**
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Children's Health Defense

NOTICE FOR EMPLOYERS, UNIVERSITIES AND OTHER INSTITUTIONS MANDATING COVID-19 VACCINES

Revised 6/4/21

This serves as notice that the requirement for any individual to be vaccinated against COVID-19 for employment or participation at a university or other institution violates federal law. All COVID-19 vaccines are merely authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely "may be effective." Federal law states:

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act states:

> **individuals to whom the product is administered are informed—**
>
> **(I)** that the Secretary has authorized the emergency use of the product;
> **(II)** of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
> **(III) of the option to accept or refuse administration of the product**, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is "absolutely essential." A federal court held that the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003). The court held: "...the United States cannot demand that members of the armed forces also serve as guinea pigs for experimental drugs." *Id.* at 135. No court has ever upheld a mandate for an EUA vaccine.

The liability for forced participation in a medical experiment, including injury or death, may be incalculable. Medical and religious exemptions will be insufficient to overcome the illegality of EUA vaccine mandates. Children's Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse EUA COVID-19 vaccines.

This notice is adapted from materials at Health Freedom Defense Fund, https://healthfreedomdefense.org/

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www.childrenshealthdefense.org

Rebecca Messinger CC'd: Dr. Alan Melnick; Doreen G.

From: MARGARET TWEET <tweetfamily@comcast.net>
Sent: Wednesday, June 23, 2021 8:27 AM
To: Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc: Rebecca Messinger
Subject: public comments for June 23, 2021 BOH meeting, I would like to speak comments also

Exclusive: Teen Suffers Severe Heart Damage After Second Pfizer Dose, Mother Says Hospital 'Clueless' About Reporting to VAERS • Children's Health Defense (childrenshealthdefense.org)
Laura Mallozzi's 18-year-old son, David, was hospitalized with myocarditis on June 10 — two days after his second dose of Pfizer's COVID vaccine.

According to Mallozzi, David, from Indiana, felt pressured at work by his employer and co-workers to get vaccinated.

"They were uncomfortable that he wasn't vaccinated," she said. "So he got the COVID vaccine without telling me."

Mallozzi's other son, now 16, had an adverse reaction to his measles-mumps-rubella (MMR) vaccine when he was younger, and has not been vaccinated since.

After David's first Pfizer dose on May 18, he experienced a sore arm but was otherwise fine, and told his mom he got the vaccine.

The day after his second dose, on June 8, David experienced a headache, nausea and reduced appetite, followed by fever and chills in the evening. He soon developed intense sharp pains on the right side of his body toward the middle of his back, Mallozzi said.

"The next day [June 10], he was sleepy the whole day. He took several naps and went to bed at 7 p.m. with a 104-degree temperature," Mallozzi said.

David woke his mother at 4 a.m. the next morning because he was having intense heart pain and difficulty breathing. In an email to The Defender, Mallozzi said she wouldn't have realized what was happening to her son if it weren't for an article, " Pfizer Vaccine 'Probably' Linked to Heart Inflammation, Israeli Panel of Experts Concludes," she read in The Defender newsletter.

"I shudder to think I might have sent him back to bed with an Advil and some Vicks VapoRub because I never would have guessed that an apparently healthy 18-year-old would be experiencing a serious heart injury from a vaccine," she said.

Mallozzi took David to the emergency room and told the doctor her son was experiencing an adverse reaction to the COVID vaccine. Although hospital workers took her son's information, the mother and son were ignored for hours. They finally left because David needed to lie down.

David's pain seemed to subside, but later the next day it worsened, so Mallozzi took her son to the emergency room for a second time. "This time I didn't mention the vaccine," she said.

Immediately they took him back, did an EKG and ran scans. The results were consistent with a heart attack. David was suffering from severe heart damage.

"They said my son had profuse heart damage, admitted him overnight and did an ECHO," Malozzi said. That's when she informed doctors that the symptoms developed after David's second Pfizer shot.

She also told them about the study in Israel showing a possible link between the vaccine and myocarditis.

"The doctors began connecting it to the vaccine because I was connecting it to the vaccine," Mallozzi said. "But here's the thing — if I hadn't read that article I would not have connected it to the vaccine."

Doctors told Mallozzi they're not sure how long it will take David to recover, but with other viruses that cause myocarditis, patients have to be monitored by a cardiologist for 18 months to two years.

Mallozzi said:

"David is not allowed to exert himself. If he moves around too fast he has chest pain. My son is like an 80-year-old heart patient and he can't walk. He cannot walk and exert himself because his heart can't pump enough blood. It cannot keep up with any type of exercise, including walking.

"The slightest exertion will cause chest pain and he is very fatigued most of the time. The doctors said they expect him to get better over time with rest, but for the past week we haven't noticed any improvement. Maybe it will be easier to see improvement month to month versus week to week. We will hope for that."

Mallozzi has a message for other parents questioning whether their child should have a COVID vaccine: "Don't do it."

She said:

"It is not worth the risk. Who knows if it's effective. The Pfizer vaccine is not safe. I'm really concerned about all of the college students going back to campus and these universities mandating vaccines because a young person is not going to think they're having heart damage."

David also regrets getting the vaccine — and his doctor told him he cannot get any more COVID vaccines.

Heart problems caused by COVID vaccines aren't being reported to VAERS

Mallozzi, like many other parents, had a difficult time figuring out how to report her son's vaccine injury to the Centers for Disease Control and Prevention's (CDC) Vaccine Adverse Events Reporting System (VAERS).

She said:

"I was assuming it would be reported by the ER doctor who evaluated, diagnosed and admitted my son to the hospital. The hospital receptionist was clueless. The clerk who answered the phone for the records department was clueless, but did eventually say the hospital typically doesn't report to VAERS."

The hospital records clerk suggested Mallozzi contact her son's primary care doctor, but the doctor's office staff had never heard of VAERS and found no record of David's case having been reported.

Mallozzi said she was concerned that cases of myocarditis are being under-reported. While her son was being discharged from the hospital, his nurse commented that three other cases of myocarditis were admitted that same day.

"My son's nurse said she was used to seeing about one patient a year with myocarditis and now, since the COVID vaccines, she is seeing a significant increase in myocarditis patients."

Mallozzi said:

"VAERS is not working for this particular issue because emergency room physicians don't typically report and our primary care doctor had never heard of VAERS. My son got his vaccine from Walgreens. Walgreens isn't following up with him to ask if he has any adverse events and I would have never thought heart damage could come from the vaccine.

"It is frustrating that it is ending up being my responsibility to make sure this report is made."

The Defender provided Mallozzi with the steps for filing a VAERS report. She was given a temporary VAERS I.D (563354) after filing her report.

In an interview with The Defender, Dr. Hooman Noorchashm, a surgeon, immunologist and patient safety advocate, said, "VAERS is extremely cumbersome and doctors are not required to enter complications into VAERS. If doctors reported adverse events to VAERS, we would have a much more robust system."

According to the latest data from VAERS, there have been 1,117 cases of myocarditis and pericarditis (heart inflammation) in all age groups reported in the U.S. following COVID vaccination between Dec.14, 2020 and June 11, 2021. Of those, 109 reports occurred in children 12-to-17-years-old with 108 attributed to Pfizer.

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56-Year-Old Greek Woman Dies Minutes After Second Pfizer Vaccine

Greek reporter reported:

A 56-year-old Greek woman died at Kalavryta Hospital just a few minutes after her second dose of the Pfizer vaccine.

The middle-aged woman, who was vaccinated during her 10:00 AM appointment in the morning of Friday at the hospital was pronounced dead just a few minutes after she received her shot.

As is normal procedure, the woman was sitting in a separate area while she was monitored for negative developments that can occur after the vaccine administration.

Just 10 minutes after she was vaccinated, she complained of a "burning" pain in her chest and her back, and collapsed.

Doctors on the scene tried to revive the woman, and even to intubate her, but stopped their frantic efforts one hour after she collapsed.

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Inventor of mRNA Technology: Vaccine Causes Lipid Nanoparticles to Accumulate in 'High Concentrations' in Ovaries • Children's Health Defense (childrenshealthdefense.org)

On June 10, Dr. Robert Malone, creator of mRNA vaccine technology, joined evolutionary biologist Bret Weinstein, Ph.D., for a 3-hour conversation on the " Dark Horse Podcast" to discuss multiple safety concerns related to the Pfizer and Moderna vaccines.

In this short outtake from the full podcast, Malone, Weinstein and tech entrepreneur Steve Kirsch touch on the implications of the controversial Japanese Pfizer biodistribution study. The study was made public earlier this month by Dr. Byram Bridle, a viral immunologist.

They also discuss the lack of proper animal studies for the new mRNA vaccines, and the theory, espoused by virologist Geert Vanden Bossche, Ph.D., that mass vaccination with the mRNA vaccines could produce ever more transmissible and potentially deadly variants.

As The Defender reported June 3, Bridle received a copy of a Japanese biodistribution study — which had been kept from the public — as a result of a freedom of information request made to the Japanese government for Pfizer data.

Prior to the study's disclosure, the public was led to believe by regulators and vaccine developers that the spike protein produced by mRNA COVID vaccines stayed in the shoulder where it was injected and was not biologically active — even though regulators around the world had a copy of the study which showed otherwise.

The biodistribution study obtained by Bridle showed lipid nanoparticles from the vaccine did not stay in the deltoid muscle where they were injected as the vaccine's developers claimed would happen, but circulated throughout the body and accumulated in large concentrations in organs and tissues, including the spleen, bone marrow, liver, adrenal glands and — in "quite high concentrations" — in the ovaries.

The mRNA — or messenger RNA — is what tells the body to manufacture the spike protein. The lipid nanoparticles are like the "boxes" the mRNA is shipped in, according to Malone. "If you find lipid nanoparticles in an organ or tissue, that tells you the drug got to that location," Malone explained.

According to the data in the Japanese study, lipid nanoparticles were found in the whole blood circulating throughout the body within four hours, and then settled in large concentrations in the ovaries, bone marrow and lymph nodes.

Malone said there needed to be monitoring of vaccine recipients for leukemia and lymphomas as there were concentrations of lipid nanoparticles in the bone marrow and lymph nodes. But those signals often don't show up for six months to three or nine years down the road, he said.

Usually, signals like this are picked up in animal studies and long-term clinical trials, but this didn't happen with mRNA vaccines, Malone said.

Malone said there are two adverse event signals that are becoming apparent to the U.S. Food and Drug Administration (FDA). One of them is thrombocytopenia — not having enough platelets, which are manufactured in the bone marrow. The other is reactivation of latent viruses.

Malone found the ovarian signal perplexing because there is no accumulation in the testes.

Malone said the original data packages contained this biodistribution information. "This data has been out there a long time" within the protected, non-disclosed, purview of the regulators across the world, he said.

According to Malone, the FDA knew the COVID spike protein was biologically active and could travel from the injection site and cause adverse events, and that the spike protein, if biologically active, is very dangerous.

In fact, Malone was one of many scientists to warn the FDA about the dangers of the free spike protein.

Malone suggested autoimmune issues may be related to free-circulating spike protein which developers assured would not happen. To pick up autoimmune issues, a 2- to 3- year follow-up period in phase 3 patients would be required to monitor for potential autoimmune consequences from vaccines — but that monitoring didn't happen with the Pfizer and Moderna vaccines.

Pfizer and Moderna also didn't conduct proper animal studies, Weinstein said. What the animal models give us is a signal that alerts us to what we need to follow up on in humans.

Weinstein said:

"We've got very alarming short-term stuff. We've got short-term stuff that is alarming on the basis of where we find these lipids, where we find the spike proteins — those things are reasons for concern because it wasn't supposed to be this way. We've also got an alarming signal in terms of the hazards and deaths or the harms and the deaths that are reported in the system and there are reasons to think they are dramatic under-reports."

Vaden Bossche got it right

One of the potential harms from the vaccines, Weinstein said, was made famous by Vanden Bossche, a vaccinologist who worked with GSK Biologicals, Novartis Vaccines, Solvay Biologicals, Bill & Melinda Gates Foundation's Global Health Discovery team in Seattle, and Global Alliance for Vaccines and Immunization in Geneva.

Earlier this year, Vanden Bossche put out a call to the World Health Organization, supported by a 12-page document, that described the " uncontrollable monster" that a global mass vaccination campaign could potentially unleash.

Vanden Bossche said a combination of lockdowns, and extreme selection pressure on the virus induced by the intense global mass vaccination program, might diminish the number of cases, hospitalizations and deaths in the short-term, but ultimately, will induce the creation of more mutants

of concern. This is what Vanden Bossche calls "immune escape" (i.e. incomplete sterilization of the virus by the human immune system, even following vaccine administration).

Immune escape will in turn trigger vaccine companies to further refine vaccines that will add, not reduce, the selection pressure, producing ever more transmissible and potentially deadly variants.

The selection pressure will cause greater convergence in mutations that affect the critical spike protein of the virus that is responsible for breaking through the mucosal surfaces of our airways, the route used by the virus to enter the human body.

The virus will effectively outsmart the highly specific antigen-based vaccines being used and tweaked, depending on the circulating variants. All of this could lead to a hockey stick-like increase in serious and potentially lethal cases — in effect, an out-of-control pandemic.

Malone said:

"Vanden Bossche's concern is not theoretical. It is real and we have the data. We're stuck with this virus or its downstream variants pretty much for the rest of our lives and it's going to become more like the flu. We will have continuing evolution and circulation of variants, and that is an escape."

Submitted by Margaret Tweet

CC'd: Dr. Alan Melnick
Doreen G.

Rebecca Messinger

From:	MARGARET TWEET <tweetfamily@comcast.net>
Sent:	Wednesday, June 23, 2021 9:42 AM
To:	Gary Medvigy; Karen Bowerman; Julie Olson; Eileen Quiring O'Brien
Cc:	Rebecca Messinger
Subject:	Fwd: public comments for June 23, 2021 BOH meeting, Breakthrough cases

Please clarify the definition of "unvaccinated" that Dr. Melnick is using in his slides presented today.. In some public posts, the state of WA has classified those who have been vaccinated as unvaccinated, which is deceptive.

SARS-CoV-2 Vaccine Breakthrough Surveillance and Case Information Resource (wa.gov)

At a Glance (data from January 17, 2021 - June 12, 2021)
• 2039 SARS-CoV-2 vaccine breakthrough cases have been identified in Washington State.
• Of the cases that have data available:
o 78% reported symptoms
o 10% were hospitalized
o 36 people died of COVID-related illnessCriteria for SARS-CoV-2 vaccine breakthrough cases
The criteria for identifying vaccine breakthrough cases include a positive lab test (either a PCR test or an antigen test) at least 14 days after a person received their last recommended dose of an authorized COVID-19 vaccine.
We wait 14 days because some people could get COVID-19 soon after vaccination when their body hasn't had enough time yet to build full protection. These infections are not considered vaccine breakthrough cases because they have not yet fully vaccinated. It typically takes about two weeks after the final dose of vaccine for the body to build a high level of protection against the disease.
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"Of the 5,993 deaths reported as of June 11, 23% occurred within 48 hours of vaccination, and 38% occurred in people who became ill within 48 hours of being vaccinated. "
Latest CDC VAERS Data for 12- to 17-Year-Olds Include 7 Deaths, 271 Serious Adverse Events Following COVID Vaccines • Children's Health Defense (childrenshealthdefense.org)

The WA state method of tracking ignores reports of vaccine breakthrough for all who had a single dose of a 2-part vaccine.

It also eliminates a key period of adverse events, which can occur in the 2 week period following vaccination.

What would the number of hospitalizations and deaths and breakthrough cases be if it accurately reflected all who have been vaccinated, even a first dose, and included a peak period of adverse events after vaccination, the 2 weeks after getting vaccinated.

Please insure the information provided to the public includes all hospitalizations and deaths after COVD vaccination.

Margaret Tweet